

DISABILITY CLAIM WORKSHEET -- I.H.I. ADMINISTRATION

POLICY NO. FR. NO. B. O. AGENT STATE PLAN SOCIAL SECURITY NUMBER
 H00538069 71542 1006066 OH 57615
 NAME: KEARNEY, CHRIS L 12168 VILLAGE WOODS DR
 ADDRESS: 15168 VILLAGE WOODS DR 10979 Need Hartigan Hwy
 CINCINNATI, OH 45241 45241 Suite 125
 DIAGNOSIS: LUMBOSACRAL SPINE SPRAIN W/SUSPICION OF DISC INVOL
 AGE: 40 DATE OF BIRTH: 11/09/52 SEX: 01 OCC: 24 LIMITED: YES
 INCURRED DATE: 02/05/93 CONTRACT DATE: 05/28/93 BY:
 REINSTATEMENT DATE: 1/1/1993 PAID TO DATE: 06/28/93 DATE: 06/15/93
 MONTHLY INDEMNITY: 1375 LESS FICA:
 SS 225 LESS F.I.T.:
 ELIMINATION PERIOD: 90 INDEMNITY PERIOD: AGE 65
 WAIVER OF PREMIUM DATE: 5/15/93

REMARKS:

RESIDUAL MT. 1375
 SS 225

20% to 75%, 50% mm 15' 6" COL 270
 H495029

DATE "HIS OCC.": / / DATE BENEFITS TERMINATE: / /
 REINSURANCE: YES NO

C.A.	PERIOD	DAYS	AMOUNT	RES	DATE	STATUS
	Fr. 05/16/93				JUL 22 1993	
	To 07/16/93	60	1600.00	I	06/15/93	X
	Fr. 07-06-93					
	To 08-06-93	30	800.00	P	AUG 25 1993	
	Fr. 05-06-93					
	To 07-06-93	60	208.00	P	SEP 03 1993	
	Fr. 07-06-93					
	To 08-06-93	60	800.00	P	SEP 03 1993	
	Fr.					
	To Return Residual Dis			11.25		
	Fr.					
	To					
	Fr. 06-06-93					
	To 09-06-93	30	1600.00	P	SEP 14 1993	
	Fr. 09-06-93					
	To 10-06-93	25	666.65	P	OCT 19 1993	
	Fr. 10-01-93					
	To 11-01-93	30	1600.00	P	NOV 16 1993	
	Fr. 11-1-93					
	To 12-1-93	30	1600.00	P	DEC 03 1993	
	Fr. 12-1-93					
	To 1-1-94	30	1600.00	P	JAN 10 1994	
	Fr. 1-1-94					
	To 2-1-94	30	1600.00	P	FEB 08 1994	
	Fr. 2-1-94					
	To 4-1-94	60	3200.00	F	MAR 3 1994	
	Fr. 4-1-94					
	To 11-1-94	210	11,200.00	P	FEB 07 1995	
	Fr.					
	To					
	Fr. 11-1-94					
	To 1-1-95	60	3200.00	P	FEB 17 1995	
	Fr. 01-01-95					
	To 03-01-95	60	3200.00	P	MAR 08 1995	
	Fr. 03-01-95					
	To 05-01-95	60	3200.00	P	MAY 04 1995	
	Fr. 05-01-95					
	To 6-1-95	21	11,200.00	P	JUN 12 1995	

0955

DISABILITY CLAIMS WORK SHEET -- I.H.I. ADMINISTRATION

POLICY NO. FR. NO. B. O. AGENT STATE PLAN SOCIAL SECURITY NUMBER
H00538069 71542 1006066 OH 57615

NAME: KEARNEY, CHRIS L
ADDRESS: 12168 VILLAGE WOODS DR
CINCINNATI, OH 45241

DIAGNOSIS: MAJOR DEPRESSION, CHRONIC AND ACUTE

AGE: 40 DATE OF BIRTH: 11/09/52 SEX: 01 OCC: 3 LIMITED: YES

INCURRED DATE: 02/09/93 CONTRACT DATE: 05/28/90 BY:

REINSTATEMENT DATE: ~~02/09/93~~ / 1936 PAID TO DATE: 11/28/94 DATE: 11/01/94

MONTHLY INDEMNITY: ~~1,375.00~~ LESS FICA: none

SOC. SEC. BENEFIT: ~~225.00~~ LESS F.I.T.:

ELIMINATION PERIOD: 90 INDEMNITY PERIOD: AGE 65 SICK

WAIVER OF PREMIUM DATE: 05/05/93

REMARKS:

COLA
112⁰⁰ ea. 5-6

RESIDUAL

DATE "HIS OCC.": / / DATE BENEFITS TERMINATE: 11 / 01 / 17
REINSURANCE: YES NO

C.A.	PERIOD	DAYS	AMOUNT	RES	DATE	STATUS
	Fr. / /					
	To / /				11/01/94	X
	Fr. 04/01/94					
	To 11/01/94	210	11,200.00	RP	02/07/95	P
	Fr. 11/01/94					
	To 01/01/95	60	3,200.00	P	02/17/95	P
	Fr. 01/01/95					
	To 03/01/95	60	3,200.00	P	03/08/95	P
	Fr. 03/01/95					
	To 05/01/95	60	3,200.00	P	05/04/95	P
	Fr. 05/01/95					
	To 06/01/95	30	1,600.00	P	06/12/95	P
	Fr. 6-1-95					
	To 7-1-95	30	1600 ⁰⁰	P	JUL 18 1995	
	Fr. 7-1-95					
	To 8-1-95	30	3578 ⁶⁷	CP	AUG 24 1995	
	Fr. 08-01-95					
	To 09-01-95	30	1824 ⁰⁰	P	SEP 15 1995	
	Fr. 9-1-95					
	To 10-1-95	30	1824 ⁰⁰	P	OCT 03 1995	
	Fr. 10-1-95					
	To 11-1-95	30	1824 ⁰⁰	P	NOV 01 1995	
	Fr. 11-01-95					
	To 12-01-95	30	1824 ⁰⁰	P	DEC 05 1995	
	Fr. 12-01-95					
	To 01-01-96	30	1824 ⁰⁰	P	JAN 04 1996	
	Fr. 1-1-96					
	To 2-1-96	30	1824 ⁰⁰	P	FEB 05 1996	
	Fr. 2-1-96					
	To 3-1-96	30	1824 ⁰⁰	P	MAR 13 1996	
	Fr. 03-01-96					
	To 04-01-96	30	1824 ⁰⁰	P	APR 09 1996	
	Fr. 4-1-96					
	To 5-1-96	30	1824 ⁰⁰	P	MAY 10 1996	
	Fr. 5-1-96					
	To 6-1-96	30	1917 ³³	CP	JUN 05 1996	
	Fr. 06-01-96					
	To 07-01-96	30	1917 ³³	P	JUN 28 1996	

DISABILITY CLAIMS WORKSHEET -- I.H.I. ADMINISTRATION

POLICY NO. FR. NO. B. O. AGENT STATE PLAN SOCIAL SECURITY NUMBER
 H00493029 71543 1006066 OH 57615

NAME: KEARNEY, CHRIS
 ADDRESS: 12168 VILLAGE WOODS DR
 CINCINNATI, OH 45241

DIAGNOSIS: MAJOR DEPRESSION, CHRONIC AND ACUTE

AGE: 40 DATE OF BIRTH: 11/09/52 SEX: 01 OCC: 3 LIMITED: YES

INCURRED DATE: 02/09/93 CONTRACT DATE: 05/28/90 BY:

REINSTATEMENT DATE: / / PAID TO DATE: 11/28/94 DATE: 02/07/95

MONTHLY INDEMNITY: 2,125.00 LESS FICA: none

SOC. SEC. BENEFIT: 625.00 LESS F.I.T.:

ELIMINATION PERIOD: 90 INDEMNITY PERIOD: 2-YR SICK

WAIVER OF PREMIUM DATE: 05/05/93

REMARKS:

COLA 7%

332150 19250 la. 5-6

DATE "HIS OCC.": / / DATE BENEFITS TERMINATE: 05/06/95 AGE 65
 REINSURANCE: YES NO

C.A.	PERIOD	DAYS	AMOUNT	RES	DATE	STATUS
	Fr. 04/01/94 To 11/01/94	210	19,250.00	RP	02/07/95	P
	Fr. 11/01/94 To 01/01/95	60	5,500.00	P	02/17/95	P
	Fr. 01/01/95 To 03/01/95	60	5,500.00	P	03/08/95	P
	Fr. 03/01/95 To 05/01/95	60	5,500.00	P	05/04/95	P
	Fr. 05/01/95 To 06/01/95	30	2,750.00	P	06/12/95	P
	Fr. 6-1-95 To 7-1-95	30	2750 ⁰⁰	P	JUL 18 1995	
	Fr. 7-1-95 To 8-1-95	30	6150 ⁰⁰	CP	AUG 24 1995	
	Fr. 08-01-95 To 09-01-95	30	3135 ⁰⁰	P	SEP 15 1995	
	Fr. 9-1-95 To 10-1-95	30	3135 ⁰⁰	P	OCT 03 1995	
	Fr. 10-1-95 To 11-1-95	30	3135 ⁰⁰	P	NOV 07 1995	
	Fr. 11-01-95 To 12-01-95	30	3135 ⁰⁰	P	DEC 03 1995	
	Fr. 12-01-95 To 01-01-96	30	3135 ⁰⁰	P	JAN 04 1996	
	Fr. 01-1-96 To 2-1-96	30	3135 ⁰⁰	P	FEB 05 1996	
	Fr. 2-1-96 To 3-1-96	30	3135 ⁰⁰	P	MAR 13 1996	
	Fr. 03-01-96 To 04-01-96	30	3135 ⁰⁰	P	APR 09 1996	
	Fr. 4-1-96 To 5-1-96	30	3135 ⁰⁰	P	MAY 10 1996	
	Fr. 5-1-96 To 6-1-96	30	3295 ⁴²	CP	JUN 05 1996	
	Fr. 06-01-96 To 07-01-96	30	3295 ⁴²	P	JUN 28 1996	
	Fr. 07-01-96 To 08-01-96	30	3295 ⁴²	P		

0957

43705.84

DISABILITY CLAIMS WORKSHEET -- I.H.I. ADMINISTRATION

POLICY NO. FR. NO. B. O. AGENT STATE PLAN SOCIAL SECURITY NUMBER
 H00493029 71543 1006066 OH 57615
 NAME: KEARNEY, CHRIS 12168 VILLAGE Woods Dr
 ADDRESS: 12168 VILLAGE WOODS DR 10999 Reed Hartman, Suite 125
 CINCINNATI, OH 45241 45241 45241
 DIAGNOSIS: LUMBOSACRAL SPINE SPRAIN W/SUSPICION OF DISC INVOL
 AGE: 40 DATE OF BIRTH: 11/09/52 SEX: 01 OCC: 3 LIMITED: YES
 INCURRED DATE: 02/05/93 CONTRACT DATE: 05/28/90 BY:
 REINSTATEMENT DATE: 1/12/93 PAID TO DATE: 06/28/93 DATE: 06/15/93
 MONTHLY INDEMNITY: 55 LESS FICA:
 ELIMINATION PERIOD: 90 LESS F.I.T.: INDEMNITY PERIOD: age 65
 WAIVER OF PREMIUM DATE: 5/5/93
 REMARKS: 2125 4538069 Col 290
 Residual 55.625 20% to 75% 50% 640

DATE "HIS OCC.": / / DATE BENEFITS TERMINATE: 6/16/93
 REINSURANCE: YES NO

CR.	PERIOD	DAYS	AMOUNT	RES	DATE	STATUS
	Fr. 06-10-93				JUL 22 1993	
	To 07-10-93	60	2750.00	P	06/15/93	X
	Fr. 07-06-93				SEP 03 1993	
	To 08-06-93	30	2750.00	P	SEP 03 1993	
	Fr. 05-06-93				SEP 03 1993	
	To 07-06-93	Adi	357.50			
	Fr. 08-06-93				SEP 14 1993	
	To 09-06-93	30	2750.00	P	SEP 14 1993	
	Fr. 09-06-93				OCT 19 1993	
	To 10-06-93	25	1145.83	P	OCT 19 1993	
	Fr. 10-01-93				NOV 16 1993	
	To 11-01-93	30	2750.00	P	NOV 16 1993	
	Fr. 11-01-93				DEC 03 1993	
	To 12-01-93	30	2750.00	P	DEC 03 1993	
	Fr. 12-01-93				JAN 10 1994	
	To 01-01-94	30	2750.00	P	JAN 10 1994	
	Fr. 01-01-94				FEB 09 1994	
	To 02-01-94	30	2750.00	P	FEB 09 1994	
	Fr. 02-01-94				MAR 31 1994	
	To 03-01-94	60	5500.00	F	MAR 31 1994	
	Fr. 04-01-94				FEB 07 1995	
	To 05-01-94	210	19,250.00	P	FEB 07 1995	
	Fr. 05-01-94					
	To 06-01-94					
	Fr. 06-01-94					
	To 07-01-94					
	Fr. 07-01-94					
	To 08-01-94					
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	Fr. 10-01-03					
	To 11-01-03					
	Fr. 11-01-03					
	To 12-01-03					

COLA
113⁰⁰ 5:16

Has Residual

Age 45
11-09-17

DISABILITY CLAIMS WORKSHEET -- CONTINUED
POLICY NO.: HQ0538069 NAME: KEARNEY, CHRIS L

	Fr. 04/01/96					
	To 05/01/96	30	1,824.00	P	05/10/96	P
	Fr. 05/01/96					
	To 06/01/96	30	1,917.33	K	06/05/96	P
	Fr. 06/01/96					
	To 07/01/96	30	1,917.33	P	06/28/96	P
	Fr. 07-01-96					
	To 08-01-96	30	1917 ³³	P	AUG 08 1996	
	Fr. 08-01-96					
	To 09-01-96	30	1917 ³³	P	SEP 04 1996	
	Fr. 9-1-96					
	To 10-1-96	30	1917 ³³	P	OCT 08 1996	
	Fr. 10-1-96					
	To 11-1-96	30	2010 ⁶⁸	P	NOV 14 1996	
PAY 41936 ⁰⁰	Fr. 11-1-96					
	To 12-1-96	30	1936 ⁰⁰	K	DEC 04 1996	
	Fr. 12-01-96					
	To 01-01-97	30	1936 ⁰⁰	P	JAN 05 1997	
	Fr. 1-1-97					
	To 2-1-97	30	1936 ⁰⁰	P	FEB 04 1997	
	Fr. 2-1-97					
	To 3-1-97	30	1936 ⁰⁰	P	MAR 12 1997	
	Fr. 3-1-97					
	To 4-1-97	30	1936 ⁰⁰	P	APR 04 1997	
	Fr. 4-1-97					
	To 5-1-97	30	1936 ⁰⁰	P	MAY 04 1997	
	Fr. 05-01-97					
	To 06-01-97	30	2029 ³³	K	JUN 07 1997	
	Fr. 6-1-97					
	To 7-01-97	30	2048 ⁰⁰	P	JUL 15 1997	← overpaid \$50
	Fr. 07-01-97					
	To 08-01-97	adj	1998 ⁰⁰	P	AUG 13 1997	
	Fr. 8-1-97					
	To 9-1-97	30	2048 ⁰⁰	P	AUG 28 1997	
	Fr. 9-1-97					
	To 10-1-97	30	2048 ⁰⁰	P	SEP 30 1997	
	Fr. 10-1-97					
	To 11-1-97	30	2048 ⁰⁰	P	OCT 31 1997	
	Fr. 11-1-97					
	To 12-1-97	30	2048 ⁰⁰	P	DEC 02 1997	
	Fr. 12-1-97					
	To 01-1-98	30	2048 ⁰⁰	P	Jan 12 1998	
	Fr. 1-1-98					
	To 2-1-98	30	2048 ⁰⁰	P	Feb 3 1998	
	Fr. 2-1-98					
	To 3-1-98	30	2048 ⁰⁰	P	MAR 03 1998	
	Fr. 03-01-98					
	To 04-01-98	30	2048 ⁰⁰	P	APR 03 1998	
	Fr. 4-1-98					
	To 5-1-98	30	2048 ⁰⁰	P	MAY 04 1998	
	Fr. 5-1-98					
	To 6-1-98	30	2141 ³³	K	JUN 03 1998	
	Fr. 6-1-98					
	To 7-1-98	30	2160 ⁰⁰	P	JUL 02 1998	
	Fr. 7-1-98					
	To 8-1-98	30	2160 ⁰⁰	P	AUG 04 1998	
	Fr. 8-1-98					
	To 9-1-98	30	2160 ⁰⁰	P	SEP 02 1998	
	Fr. 9-1-98					
	To 10-1-98	30	2160 ⁰⁰	P	OCT 02 1998	
	Fr. 10-1-98					
	To 11-1-98	30	2160 ⁰⁰	P	NOV 02 1998	

0959

Cold - 5/6
#112.00

Age 65
11-09-17

DISABILITY CLAIMS WORKSHEET -- CONTINUED
POLICY NO.: H00538069 NAME: KEARNEY, CHRIS L

	To 08/01/98	30	2,160.00	P	08/04/98	P
	Fr. 08/01/98					
	To 09/01/98	30	2,160.00	P	09/02/98	P
	Fr. 09/01/98					
	To 10/01/98	30	2,160.00	P	10/02/98	P
	Fr. 10/01/98					
	To 11/01/98	30	2,160.00	P	11/03/98	P
	Fr. 11-1-98					
	To 12-1-98	30	2160 ⁰⁰	P	DEC 04 1998	
	Fr. 12-1-98	30	2160 ⁰⁰	P		
	To 1-1-99	30	2160 ⁰⁰	P	JAN 06 1999	
	Fr. 1-1-99					
	To 2-1-99	30	2160 ⁰⁰	P	FEB 03 1999	
	Fr. 2-1-99	30	2160 ⁰⁰	P		
	To 3-1-99	30	2160 ⁰⁰	P	MAR 04 1999	
	Fr. 3-1-99	30	2160 ⁰⁰	P		
	To 4-1-99	30	2160 ⁰⁰	P	APR 08 1999	
	Fr. 4-1-99	30	2160 ⁰⁰	P		
	To 5-1-99	30	2160 ⁰⁰	P		
	Fr. 5-1-99	30	2253 ³³	K	MAY 04 1999	
	To 6-1-99	30	2272 ⁰⁰	P	JUN 21 1999	
	Fr. 6-1-99	30	2272 ⁰⁰	P		
	To 7-1-99	30	2272 ⁰⁰	P	JUL 01 1999	
	Fr. 7-1-99	30	2272 ⁰⁰	P	AUG 09 1999	
	To 8-1-99	30	2272 ⁰⁰	P		
	Fr. 8-1-99	30	2272 ⁰⁰	P	SEP 06 1999	
	To 9-1-99	30	2272 ⁰⁰	P	Sep 30 1999	
	Fr. 9-1-99	30	2272 ⁰⁰	P		
	To 10-1-99	30	2272 ⁰⁰	P	OCT 28 1999	
	Fr. 10-1-99	30	2272 ⁰⁰	P	DEC 03 1999	
	To 11-1-99	30	2272 ⁰⁰	P		
	Fr. 11-1-99					
	To					
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	To					
	Fr.					
	To					

Cola
5/6 1992

Cola does not apply to residual (3) 11-9-97

DISABILITY CLAIMS WORKSHEET CONTINUED
POLICY NO.: H00493029 NAME: KEARNEY, CHRIS

we are pay. T.D. benefits
could appeal

	Fr. 05/01/96					
	To 06/01/96	30	3,295.42	K	06/05/96	P
	Fr. 06/01/96					
	To 07/01/96	30	3,295.42	P	06/28/96	P
<i>AW 3327.50</i>	Fr. 07-01-96					
	To 08-01-96	30	3295.42	P	AUG 0 8 1996	
	Fr. 08-01-96					
	To 09-01-96	30	3295.42	P	SEP 0 4 1996	
	Fr. 09-01-96					
	To 10-1-96	30	3295.42	P	OCT 0 8 1996	
	Fr. 10-1-96					
	To 11-1-96	30	3455.82	P	NOV 0 6 1996	
	Fr. 11-1-96					
	To 12-1-96	30	3327.50	K	DEC 0 4 1996	
	Fr. 12-01-96					
	To 01-01-97	30	3327.50	P	JAN 0 6 1997	
	Fr. 1-1-97					
	To 2-1-97	30	3327.50	P	FEB 0 4 1997	
	Fr. 2-1-97					
	To 3-1-97	30	3327.50	P	MAR 1 2 1997	
	Fr. 3-1-97					
	To 4-1-97	30	3327.50	P	APR 0 4 1997	
	Fr. 4-1-97					
	To 5-1-97	30	3327.50	P	MAY 0 6 1997	
<i>cola</i>	Fr. 05-01-97					
<i>Be 9350</i>	To 06-01-97	30	3,487.92	K	JUN 0 9 1997	
	Fr. 06-01-97					
	To 07-01-97	30	3520.00	K	JUL 1 5 1997	
	Fr. 07-01-97					
	To 08-01-97	30	3520.00	P	AUG 1 3 1997	
	Fr. 8-1-97					
	To 9-1-97	30	3520.00	P	AUG 2 8 1997	
	Fr. 9-1-97					
	To 10-1-97	30	3520.00	P	SEP 3 0 1997	
	Fr. 10-1-97					
	To 11-1-97	30	3520.00	P	OCT 5 1 1997	
	Fr. 11-1-97					
	To 12-1-97	30	3520.00	P	DEC 0 2 1997	
	Fr. 12-01-97					
	To 01-01-98	30	3520.00	P	JAN 1 2 1998	
	Fr. 1-1-98					
	To 2-1-98	30	3520.00	P	FEB 0 3 1998	
	Fr. 2-1-98					
	To 3-1-98	30	3520.00	P	MAR 0 3 1998	
	Fr. 03-01-98					
	To 04-01-98	30	3520.00	P	APR 0 3 1998	
	Fr. 4-1-98					
	To 5-1-98	30	3520.00	P	MAY 0 4 1998	
<i>cola</i>	Fr. 5-1-98					
<i>BEGIN 3712.50</i>	To 6-1-98	30	3680.42	K	JUN 0 5 1998	
	Fr. 6-1-98					
	To 7-1-98	30	3712.50	P	JUL 0 2 1998	
	Fr. 7-1-98					
	To 8-1-98	30	3712.50	P	AUG 0 4 1998	
	Fr. 8-1-98					
	To 9-1-98	30	3712.50	P	SEP 0 2 1998	
	Fr. 9-1-98					
	To 10-1-98	30	3712.50	P	OCT 0 2 1998	
	Fr. 10-1-98					
	To 11-1-98	30	3712.50	P	NOV 0 3 1998	

Cola 5/6
\$112.00

Age 65
11-09-17

DISABILITY CLAIMS WORKSHEET -- CONTINUED

POLICY NO.: H00538069

NAME: KEARNEY, CHRIS L

[illegible]

DIAGNOSIS: MAJOR DEPRESSION, CHRONIC AND ACUTE
 AGE: 40 DATE OF BIRTH: 11/09/52 SEX: 01 OCC: 3 LIMITED: YES
 INCURRED DATE: 02/09/93 CONTRACT DATE: 05/28/90 BY: _____
 REINSTATEMENT DATE: ~~12/1/93~~ PAID TO DATE: 11/28/94 DATE: 11/01/94
 MONTHLY INDEMNITY: ~~1,575.00~~ LESS FICA: none
 SOC. SEC. BENEFIT: ~~225.00~~ LESS F.I.I.: _____
 ELIMINATION PERIOD: 90 INDEMNITY PERIOD: AGE 65 SICK
 WAIVER OF PREMIUM DATE: 05/05/93
 REMARKS:

COLA
 $\frac{112}{112} = 1.0$ ea. 5-6

RESIDUAL

DATE "HIS OCC.": / / DATE BENEFITS TERMINATE: 11/01/17
 REINSURANCE: YES NO

C.A.	PERIOD	DAYS	AMOUNT	RES	DATE	STATUS
	Fr. / /					
	To / /				11/01/94	X
	Fr. 04/01/94					
	To 11/01/94	210	11,200.00	RP	02/07/95	P
	Fr. 11/01/94					
	To 01/01/95	60	3,200.00	P	02/17/95	P
	Fr. 01/01/95					
	To 03/01/95	60	3,200.00	P	03/08/95	P
	Fr. 03/01/95					
	To 05/01/95	60	3,200.00	P	05/04/95	P
	Fr. 05/01/95					
	To 06/01/95	30	1,600.00	P	06/12/95	P
	Fr. 6-1-95					
	To 7-1-95	30	1600.00	P	JUL 18 1995	
	Fr. 7-1-95					
	To 8-1-95	30	3575.00	CP	AUG 24 1995	
	Fr. 08-01-95					
	To 09-01-95	30	1824.00	P	SEP 15 1995	
	Fr. 9-1-95					
	To 10-1-95	30	1824.00	P	OCT 03 1995	
	Fr. 10-1-95					
	To 11-1-95	30	1824.00	P	NOV 01 1995	
	Fr. 11-01-95					
	To 12-01-95	30	1824.00	P	DEC 05 1995	
	Fr. 12-01-95					
	To 01-01-96	30	1824.00	P	JAN 04 1996	
	Fr. 1-1-96					
	To 2-1-96	30	1824.00	P	FEB 05 1996	
	Fr. 2-1-96					
	To 3-1-96	30	1824.00	P	MAR 13 1996	
	Fr. 03-01-96					
	To 04-01-96	30	1824.00	P	APR 09 1996	
	Fr. 4-1-96					
	To 5-1-96	30	1824.00	P	MAY 10 1996	
	Fr. 5-1-96					
	To 6-1-96	30	1917.33	CP	JUN 05 1996	
	Fr. 6-1-96					
	To 06-01-96	1				
	Fr. 06-01-96					
	To 07-01-96	30	1917.33	P	JUN 28 1996	

NAME: KEARNEY, CHRIS
ADDRESS: 12158 VILLAGE WOODS DR
CINCINNATI, OH 45241

DIAGNOSIS: MAJOR DEPRESSION, CHRONIC AND ACUTE

AGE: 49 DATA OF BIRTH: 1/20/52 SEX: M RACE: LIMITED: YES

INCURRED DATE: 02/09/00 CONTRACT DATE: 05/23/90 BY:

REINSTATEMENT DATE: / PAID TO ORDER: 12/31/94 DATE:

~~MONTHLY FREQUENCY~~

SOC. SEC. NUMBER ~~XXXXXXXXXX~~ ~~XXXXXX~~ 1803 1-1-1

ELIMINATION PERIOD:	30	ADJ. W. L. PERIOD:	100
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WAIVER OF RIGHTS DATE: 05/05/92

RESULTS

RESIDUAL

5320

19250 LA. 5-6

DATE "BUS DOC": / / DATE "BIRTH", "PERM" ~~DATE~~ AGE 65
REINSURANCE: YES NO

DATE	TIME	ALTITUDE	WIND	WAVE	STATUS
04-01-95	11:00	30	3150°	P	JUL 13 1995
05-01-95	11:00	30	3150°	P	AUG 4 1995
06-01-95	11:00	30	3150°	P	SEP 15 1995
07-01-95	11:00	30	3150°	P	OCT 03 1995
08-01-95	11:00	30	3150°	P	NOV 07 1995
09-01-95	11:00	30	3150°	P	DEC 03 1995
10-01-95	11:00	30	3150°	P	JAN 04 1996
11-01-95	11:00	30	3150°	P	FEB 05 1996
12-01-95	11:00	30	3150°	P	MAR 05 1996
01-01-96	11:00	30	3150°	P	APR 09 1996
02-01-96	11:00	30	3150°	P	MAY 10 1996
03-01-96	11:00	30	3150°	P	JUN 05 1996
04-01-96	11:00	30	3150°	P	JUN 23 1996
05-01-96	11:00	30	3150°	P	
06-01-96	11:00	30	3150°	P	
07-01-96	11:00	30	3150°	P	

0965

24

